POSTABORTION
FAMILY PLANNING COUNSELING

PARTICIPANT'S HANDBOOK

Republic of Turkey Ministry of Health
General Directorate of MCHFP

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Module 1 Introduction

Objectives By the end of this module, you should be able to:

- Describe the general objectives for the workshop.
- List your expectations from the workshop.

Time **60 minutes**

STEPS OF THE MODULE	ESTIMATED TIME
Introduction of Trainers and Participants	**15 minutes**
Pretest	**20 minutes**
Objectives	**10 minutes**
Workshop Structure and Schedule	**5 minutes**
Workshop Logistics	**2 minutes**
Workshop Norms	**5 minutes**
Participant's Handbook	**3 minutes**

Workshop Objectives

By the end of this workshop participants should be able to:

- Explain why abortion and family planning services need to be provided together.
- List counseling steps.
- List types of communication.
- Define feelings and needs of abortion clients.
- List the 3 subjects to be mentioned in family planning counseling given pre-abortion.
- Explain the timing of postabortion FP methods.
- List the infection prevention steps.
- Prepare an action plan showing how they can improve the services they provide.

Workshop Structure

- The training begins with key counseling concepts, such as free and informed choice.
- Skills are introduced in approximately the same sequence as they are used in counseling sessions. For example, building rapport and creating a good climate for counseling are presented early in the workshop, because these skills are needed the moment client walks in the door; skills related to client follow-up are presented near the end of the training. Thus the development of skills follows a natural sequence, while skills that were learned earlier are continually reinforced.
- The workshop progresses from the general to the specific. Early modules are relevant to counseling for all family planning methods. Later modules focus on clients who have special concerns or needs and induced abortion clients. At the end of the training, you will explore how to best use your skills upon return to your service sites.

Module 2 Rationale

Objectives

By the end of this module, you should be able to:

- Define the current situation of postabortion family planning services in Turkey.
- Explain why abortion and family planning services need to be integrated.

Time 30 minutes

STEPS OF THE MODULE	ESTIMATED TIME
Scope of the Problem	15 minutes
Abortions in Turkey	15 minutes

Scope of The Problem

Although contraceptive prevalence rates have increased dramatically in the last thirty years, an estimated 26-30 million abortions are still performed annually worldwide (Henshaw and Morroy 1990). Those abortions that are unsafe – performed by untrained practitioners working in unhygienic conditions – are responsible for between 50,000 – 100,000 preventable deaths of women each year (World Health Organization, 1993). Most of this mortality occurs in the developing world (see Table 1)

Table 1

Global and Regional Estimated Risk of Death from Unsafe Abortion

Region	Number of Unsafe Abortions (1,000s)**	Number of Deaths from Unsafe Abortion**	Case fatality per 100 Unsafe Abortions	Risk of Death
World Total	20,000	70,000	0.4	1 in 300
More Developed Countries*	2,340	600	0.03	1 in 3,700
Less Developed Countries	17,620	69,000	0.4	1 in 250
Africa	3,740	23,000	0,6	1 in 150
Asia *	9,240	40,000	0.4	1 in 250
Europe	260	100	0.04	1 in 2,600
Latin America	4,620	6,000	0.1	800'de 1
Ocenia*	20	<100	0.2	1 in 400
USSR (former)	2,080	500	0.03	1 in 3,900

Figures may not add to totals due to rounding.

* Japan, Australia and New Zealand have been excluded form the regional estimates, but are included in the total for developed countries.

** Based on 1990 United Nations projections of births.

Source: World Health Organization. *Abortion: A Tabulation of Available Data on the Frequency and Mortality of Unsafe Abortion*, 2nd edition. Geneva: WHO, 1993.

The high number of women who resort to unsafe abortion is a powerful reminder that women need access to a wide range of family planning methods (Salter et al. 1996). The fact that so many number of women risk death, injury and social or criminal consequences to terminate a pregnancy demonstrates clearly how desperately these women wish to delay or avoid having children. In the action plan of the International Conference on Population and Development 1994 it says: "women with complications of abortion should be able to reach quality services".

Women who have undergone abortion and are risk of another unwanted pregnancy represent an important group with unmet family planning needs. Although significant advances in the availability of family planning services have been in the recent years, services are still only marginally available in many regions. These services are often of low quality and are not designed and delivered in a way that responds to the interests and needs of the women and men who use them.

Family planning programs that seek to help all women who wish to avoid additional unwanted pregnancies will help reduce needless, preventable deaths caused by unsafe abortion.

Abortions in Turkey

While the problem in the world is "unsafe abortion", in Turkey the problem is "repated abortions" because of not having enough access to family planning services.

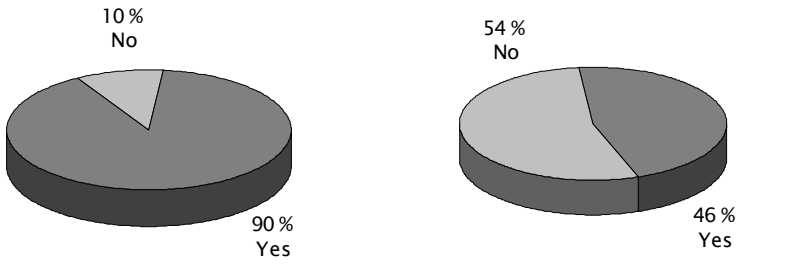
In 1983 induced abortion of pregnancies up to 10 weeks became legal with the law number 2827. In the following years, although the number of induced abortions increased, it gradually decreased afterwards and today 97% of induced abortions are perfromed in safe settings. In Turkey induced abortion rate is 87 in 1000 women, 179 in 1000 pregnancies and 254 versus 1000 live births.

Even though family planning services are widespread in Turkey as in the world, there are still quite a high number of abortions. According to Turkey's policy, induced abortion is not a type of family planning. 1993 Turkish Demoghraphic and Health Survey found out that 13% of women had more that 1 abortion. In the light of this, we can say that these women see abortion as a type of family planning method.

However, we should remember the fact that postabortion family planning services in Turkey are not provided in an integrated way. Actually to establish this integration between abortion and family planning services is the ethical responsibility of health care providers.

1994 Situation Analysis Study of Selected Reproductive Health Services in Turkey found that 90% of women want to use a method postabortion while only 46% leave the facility with a method (Figure 1).

Figure 1 Postabortion Family Planning Usage



Did she decide to use family planning?

Did she take a family planning method?

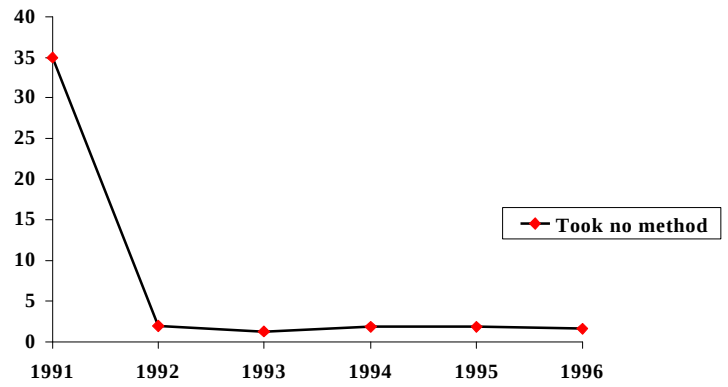
Source: TSARHS

According to 1993 TDHS findings, following the month after abortion 39% of women are not using a method. When the previous contraceptive use of women who had induced abortions is investigated, it is seen that 60% of pregnancies that end with induced abortions were caused by a method failure; and the major method which failed is withdrawal (68%). When the family panning method used 3 months after abortion is looked at, it was seen that in private and public sector 34,4% and 36,7% respectively again used a traditional method.

In fact, when sufficient attention is paid, family planning and abortion services can successfully be integrated.

For example the percentage of women leaving the facility with a family planning method rised to 98% in Zekai Tahir Burak Maternity following the comprehensive postabortion family planning program initiated in 1991 (Figure 2)

Figure 2 Dr. Zekai Tahir Burak Maternity
Postabortion Family Planning Statistics



Source: Hospital Statistics

Another similar success was seen in Izmir Konak Maternity. Husband's consent which is legally obligatory for induced abortion was used as an opportunity to give couseling to both husband and wife, so it was possible to reach men. As a consequence of this counseling 42 % of men who had vasectomy in this facility said they heard about this method during the counseling session. 8 % of men had vasectomy the day their wife had abortion.

Module 3 Introduction to Counseling

Objectives

By the end of this module, you should be able to:

- Describe the basic rights of clients.
- Define free and informed choice.
- Describe four kinds of communication used in family planning: motivation, information giving and counseling.
- Describe the purpose of counseling.
- Describe the counselor's role in ensuring free and informed choice.
- List personal qualities, skills, and knowledge needed to be a good counselor.
- Lists steps of counseling (GATHER).
- Describe the counselor's role in assuring clients' rights and contributing to quality of care.

Time

1 hour 35 minutes- 2 hours 35 minutes

STEPS OF THE MODULE	ESTIMATED TIME
Quality of Care and Clients' Rights	10-25 minutes
Free and Informed Choice	5-10 minutes
Types of Family Planning Communication	10-20 minutes
The Purpose of Counseling	10 minutes
The Counselor's Role in Ensuring Free and Informed Choice	10-20 minutes
Characteristics of Family Planning Counselors	10-20 minutes
The Basic Steps of Counseling	35-40 minutes
Assuring Clients' Rights and Quality of Care	5-10 minutes

Clients' Rights

Every family planning client has the right to:

1. **Information:** To learn about the benefits and availability of family planning.
2. **Access:** To obtain services regardless of gender, creed, color, marital status or location.
3. **Choice:** To decide freely whether to practice family planning and which method to use.
4. **Safety**: To be able to practice safe and effective family planning.
5. **Privacy**: To have a private environment during counseling and services.
6. **Confidentiality:** To be assured that any personal information will remain confidential.
7. **Dignity:** To be treated with courtesy, consideration and attentiveness.
8. **Comfort:** To be comfortable when receiving services.
9. **Continuity:** To receive contraceptive services and supplies for as long as needed.
10. **Opinion:** To express views on the services offered.

Adapted from: International Planned Parenthood Federation. *Rights of the client*. London: 1991

Free and Informed Choice

What is free and informed choice?

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_____

What is free choice?

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What is informed choice?

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What is Choice?

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Types of Family Planning Communication

Table 2

Types of Family Planning Communication

TYPE OF COMMUNI-CATION	GOAL	CONTENT	DIRECTION	BIAS	LOCATION
Motivation	Influencing behavior in a particular direction	Propaganda or persuasion	One way	Biased	Anywhere
Information-giving	Providing information and raising awareness	Information – complete or incomplete	One way or two way	Biased or objective	Anywhere
Educating	Lecturing comprehensive information and raising consciousness	Information complete	One way or two way	Objective	Anywhere
Counseling	The client's free and informed choice; a satisfied client	Information; client's feelings, needs, concerns	Two way	Objective	Private atmosphere

- Motivational activities encourage the use of family planning. These activities may be conducted in person or through the media. While they can convey useful information, these activities are usually biased. They often attempt to influence an individual or group to adopt family planning and to use particular methods.

- Information-giving activities provide facts about methods and can be done in person (either individually or in groups), or through print materials or other media. The information presented may be complete or limited, and may be accurate or incorrect.

- In educating information giving is complete and comprehensive. It can be two way as it is allowed to ask questions.

- Counseling is a process during which individuals are assisted to make choices about fertility. Counseling goes beyond just giving information; it enables clients to apply information about family planning to their particular circumstances and to make informed choices. It includes a discussion of the client's feelings and concerns since they are relevant to the client's choices regarding fertility. Counseling always involves two-way communication between the client and counselor, in which each spends time talking, listening, and asking questions.

- While motivation and information-giving can be done anywhere, it is important for counseling to be done in a private atmosphere since personal information is shared.

Types of Family Planning Communication Exercise

After reading the cases below, write in the space provided what type of communication it is. Please write (M) for motivation, (I) for information giving, (E) for education and (C) for counseling.

___ 1. A health care worker asks a woman who expresses interest in tubal ligation when she decided that she did not want more children.

2. A maternity nurse tells a mother who has just delivered a baby that this is the right time to consider having her tubes tied so that she will not have to worry about becoming pregnant again.

3. A doctor in postpartum hospital ward discusses various family planning methods and tells how each one works.

___ 4. The woman who comes to the hospital for abortion is told that she needs to have an IUD inserted.

___ 5. Woman with concerns about irregular bleeding following an insertion of Norplant implants comes to the clinic. The nurse reassures her that the bleeding is normal and will probably diminish over time.

___ 6. A doctor responds to a client's concern about vasectomy by explaining that the client's sexual ability will not be negatively affected by the operation.

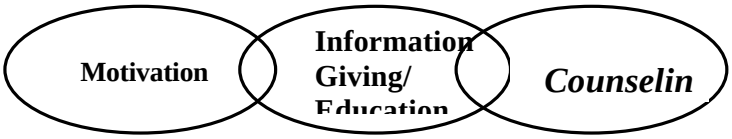
___ 7. A field worker explains to his clients how to take the pill and what to do if they forget one.

___ 8. A doctor checks that a woman has reached an informed decision by reviewing with the client her reasons for wanting a tubal ligation.

___ 9. A nurse shows a film to women waiting for their prenatal visits and gives a brief talk about postpartum contraception.

___10. A supervisor in a factory tells male workers that they need to use condoms.

___11. A nurse talks to clients about Norplant implants, the IUD and permanent methods only, since these are the most effective methods.



- As seen, there are overlaps between motivation and information giving/educating, and between counseling and information giving/educating, but there is no overlap between counseling and motivational activities. While both counseling and motivational activities involve information-giving and educating, counseling does not attempt to promote a particular outcome.
- Each types of communication has a place in family planning. For example, it may be acceptable to motivate people in general to use family planning since contraception offers health and other advantages. It is nor acceptable to motivate people to use one particular method since that violates the individual's right to make a decision and to choose the best option for himself or herself.

The Counselor's Role in Ensuring Free and Informed Choice

CASE: A client seems very unsure about a decision about contraception, although the partner (or someone else) is urging the client to go ahead with it.

CASE: You are counseling a couple. The husband does all the talking. You are not sure what the wife is thinking.

Notes:

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Characteristics of Family Planning Counselors

Personal Qualities Needed by Family Planning Counselors

- Desire to work with and help people
- Belief in the value of family planning
- Respect for people and for their right to make decisions for themselves
- Comfort with human sexuality
- Comfort with expression of feelings
- Self-awareness of one's values and limitations
- Unbiased attitudes towards different population groups (for example, individuals of different age, ethnicity, religion, race, class, education, or gender)
- Tolerance for values that differ from one's own
- Empathy for clients
- Supportive attitude towards clients
- Ability to maintain confidentiality
- Unbiased attitudes towards various family planning methods
- Received counseling training

Skills Needed by Family Planning Counselors

- Create a comfortable atmosphere for the client
- Present information clearly
- Encourage client to ask questions
- Listen and observe attentively
- Ask questions effectively to encourage the client to share information and feelings
- Guide the counselor-client interaction
- Speak the language client understands

Knowledge Needed by Family Planning Counselors

- **About the clients:**
- Local culture, including fertility norms and sexual practices
- How clients reach decisions on family planning and the influences on those decisions
- Factors that may inhibit clients from asking questions or expressing their needs and concerns
- Signs that indicate the client may not be making a well-considered decision
- Factors inhibiting successful contraceptive use
- How to handle special cases and circumstances

- **About family planning:**
- Reproductive anatomy and physiology
- Common misconceptions about family planning
- Contraceptive technology (benefits, risks, effectiveness, and methods of action for all available methods)
- Detailed information on tubal ligation and vasectomy surgery, including anesthesia
- Instructions for clients about how to use each method correctly and safely
- What clients should do in the event of complications or side effects due to contraceptive methods
- What to do to prevent spread of sexually transmitted diseases and HIV

- **About family planning counseling:**
- Primary purpose of counseling: to help clients make informed, voluntary and well-considered decisions regarding fertility and contraception
- Importance of confidentiality
- Distinctions between counseling, information giving, education and motivation
- Responsibilities of a family planning counselor
- How to counsel clients considering tubal ligation or vasectomy, including documentation of informed consent

- **About the family planning program:**
- Policies and procedures of the family planning facility
- Client eligibility requirements for different methods
- Referral networks and procedures for family planning services and other reproductive health services
- Record keeping

- **About the country:**
- Government policies on family planning, including tubal ligation and vasectomy.
- Laws regarding family planning, including tubal ligation and vasectomy.

Basic Steps of Counseling

G- Greet client
A- Ask client about self, Assess client's knowledge and needs
T- Tell client about family planning methods
H- Help client for choosing a method
E- Explain how to use a method
R- Return visits

Module 4 Values and Attitudes

Objectives

By the end of this module, you should be able to:

- Explain the terms *value* and *attitude.*
- Describe how values and attitudes can affect counseling.
- Describe the relationship between sexuality, family planning, and counseling.

Time

40 minutes - 1 hour 15 minutes

STEPS OF THE MODULE	ESTIMATED TIME
Definition of *value* and *attitude*	5 minutes
Counselors' Values and Their Effects on Counseling	20-45 minutes
Sexuality, family planning, and counseling	15-25 minutes

Value and Attitude

What is Value?

_____

_____

_____

What is attitude?

_____

_____

_____

Values and Attitudes Exercise

1. Women who had many abortions should be sterilized.
__ Yes __ No __ I don't know

2. A single student who is 14 years old should be let to have abortion.
__ Yes __ No __ I don't know

3. When there is no medical contraindication everybody should be provided abortion services.
__ Yes __ No __ I don't know

4. Abortion being legal may cause careless or irresponsible sexual behaviors.
__ Yes __ No __ I don't know

5. If the husband wants his wife to have abortion, she should do so, even is she does not want to terminate her pregnancy.
__ Yes __ No __ I don't know

6. If a woman got pregnant because of method failure, she deserves to receive abortion services more than the women who are not using a family planning method.
__ Yes __ No __ I don't know

7. A woman who is so poor as not to be able to feed and take care of her child should be encouraged for abortion.

__ Yes __ No __ I don't know

8. Adolescent girls who are considering abortion should receive advice and support form a family member.
__ Yes __ No __ I don't know

9. Delivery gives more pain than abortion and women usually go through delivery without pain killers. For this reason, there is no need to give pain killers for abortion.
__ Yes __ No __ I don't know

10. Adolescents should receive permission from parents before abortion.
__ Yes __ No __ I don't know

11. Married women should have the consent of husband for abortion.
__ Yes __ No __ I don't know

12. Women who come for abortion care after spontaneous abortion should be treated better than the women who induce the abortion themselves.
__ Yes __ No __ I don't know

Who is Responsible?

Roles:
Fatma
Ahmet
Dr. Yener
Midwife Ayse
Mother in-law

Scenario:
Fatma has brought three daughters into the world with much difficulty; she had to have a cesarean section each time.

Ahmet is a businessman, happy with his wife and three daughters. All he is missing is a son.

Dr. Yener, Fatma's doctor says a fourth pregnancy could be dangerous. Knowing that Ahmet wants a son he does not want to perform a tubal ligation to Fatma.

Fatma stopped breast-feeding her baby and has asked her doctor to help her avoid becoming pregnant, or to guarantee her that her next pregnancy will bring a boy. Dr. Yener explains that it is the sperm of her husband that determines the sex of the baby and sends her to the family planning clinic.

Midwife Ayse, who is in charge of family planning services, refuses to help Fatma without the knowledge of her husband.

Fatma goes to her mother in law to ask advice. The mother in law, scolds Fatma, saying she has to accept what the God gives and her husband's wishes.

After a months time Fatma gets pregnant and dies because of a ruptured uterus at 38 weeks of pregnancy.

Who is responsible for this death? Ahmet? Fatma?, Dr. Yener? Midwife Ayse? Or the mother in law?

Decide for yourself.

Sexuality, Family Planning and Counseling

- We need to realize how our own attitudes and inhibitions may affect how we counsel clients.
- Since individuals use contraception so they can have sexual intercourse without getting pregnant or getting sexually transmitted diseases (STDs), we need to be able to talk comfortably with clients about their sexual practices and those of their partners.
- Frank discussion of sexual practices, particularly those that put clients at risk of STDs, including HIV infection, is necessary to help clients choose the contraceptive methods that will work best for them, and be most desirable to them.
- Often clients will bring up sexual matters themselves.

Module 5 Effective Communication Skills

Objectives

By the end of this module, participants should be able to:

- Describe nonverbal behaviors, and explain how they can affect the counseling relationship.
- Demonstrate effective listening skills, verbal encouragement, and tone of voice.
- Give examples of using non-technical language in counseling and explain why this is important.
- Demonstrate paraphrasing and clarifying skills.
- **Apply the principles of giving effective and constructive feedback**

Time

1 hour 20 minutes- 2 hours 20 minutes

STEPS OF THE MODULE	ESTIMATED TIME
Nonverbal Communication	5-10 minutes
Active Listening	5-10 minutes
Verbal Communication Skills	60-95 minutes
Use of IEC Materials	10-25 minutes

Nonverbal Communication

Cues

Positive	Negative

Active Listening

What is active listening?

_____

_____

_____

Verbal Communication Skills

What is Verbal Encouragement?

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_____

_____

What is appropriate tone of voice?

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_____

_____

What is using simple language?

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_____

Medical Language	Simplified
uterus	_____
contraceptive	_____
testicles	_____
vagina	_____
semen	_____
sperm	_____
fallopian tubes	_____
ovary	_____
menstruation	_____
intercourse	_____
penis	_____
procedure	_____

MEDICAL TERMINOLOGY: Tubal ligation is a surgical procedure for permanent contraception. In women the operation involves occluding both fallopian tubes to prevent passage of both ova and sperm.

_____

_____

_____

MEDICAL TERMINOLOGY: The IUD can cause menstrual irregularities such as dysmenorrhea or intermittent bleeding."

_____

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_____

MEDICAL TERMINOLOGY: "The most serious side effects of combined oral contraceptives are cardiovascular (high blood pressure, blood cloths, heart attack, and stroke). These occur primarily in women who are older than 35 years and smoke or women who have an underlying disease contraindicating the use of pill."

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What is Paraphrasing

Definition: Paraphrasing is restating client's message using different words.

Use: Counselors repeat clients' messages with their words to make sure they have understood what the client has said and let clients know that they are trying to understand clients' basic messages. Paraphrasing supports the client and encourages her or him to continue speaking.

Example:

Client: "I want to use the IUD, but my sister said that it can travel around your body, and stick in the baby's head."

Counselor: "You have some questions because of what you have heard about the IUD, and want to find out what is true."

Guidelines for of paraphrasing:

- Listen for the client's basic message.
- Restate to the client a simple summary of what you believe is his or her basic message. Do not add any new ideas.
- Observe a cue or ask for a response from the client that confirms or denies the accuracy of the paraphrase.
- Do not restate negative images clients may have made about themselves in a way that confirms this perception. For example, if the client says "I feel stupid asking this, "it is not appropriate to say "you feel ignorant.

Samples for Paraphrasing Exercise

Below are sentences that can be said in imaginary situations. You may use them for the paraphrasing exercise or you may make up your own sentences.

Gül:" My husband doesn't want to use anything because he is gone so much. He doesn't trust me. But how do I know what he is doing when he isn't here?"

Counselor: *"You think your husband doesn't trust you. And you don't trust him, right?"*

Menekse: "I don't want any more children right now. But I was taught that it's wrong to use birth control. Some of my friends do it, though."

Counselor: *"You want to use family planning. But you are confused because of the things you have heard."*

Selçuk: "We can't afford another baby, an my wife has had trouble with the pill and the other methods she has tried. I know I could use something, but if anyone ever found out…

Counselor: *"You want to use a family planning method, but you don't want people to learn."*

Yasemin: "I have friends who use the IUD. But one of them got pregnant. I don't want to get pregnant.

Counselor: *"You want to use IUD but have concerns about its affectivity."*

What is clarifying?

Definition: Clarifying is making an educated guess about the client's message for the client to confirm or deny.

Use: Like paraphrasing, clarifying is a way of making sure the client's message is understood. The counselor uses clarifying to clear up confusion if a client's responses are vague or not understandable.

Example:

Client: "I am using the pill and I like it, but my sister says that with Norplant, I do not need to remember to take anything."

Counselor: "*Let me see if I understood you. You are thinking about switching from the pill to Norplant because Norplant would be more convenient for you?"*

Guidelines for Clarifying

- Admit that you do not have a clear understanding of what the client is telling you.
- Restate the client's message as you understand it, asking the client if your interpretation is correct. Ask questions beginning with phrases such as "Do you mean that…?"
- Clients should not be made to feel as if they have need cut off or have failed to communicate. Therefore, do not use clarifying excessively.

Samples for Clarifying Exercise

Below are sentences that can be said in imaginary situations. You may use them for the clarifying exercise or you may make up your own sentences.

Hülya: "My husband's other wife just had a child. I don't know what to do. I am thinking of having my IUD removed. I don't know if I want another child. Or if we can afford one. But maybe if I have one he'll spend more time here".

Counselor: "*You are not ready for another child but you think your husband will spend more time with you if you have one, right?"*

Canan: "I am going to start taking pill this month. But what if my parents find out? What if I can never have children?"

Counselor: "You decided to take the pill without letting your parents know. But you think the pill will make you infertile. You want to get information."

Yusuf: "I'm not going to get a vasectomy. I don't care if we have 20 kids. It's my wife's responsibility. There must be something she can take that won't make her sick"

Counselor*: "I understand that you think your wife not you should use a family planning method and you want to get information about alternative methods that she can use."*

Seray: "Why do I have to answer all these questions? Just give me something I can use, that no one will find out about."

Counselor: *"You want to use a method but you don't want anyone to know about this and as far as I understood you don't have enough time to discuss this issue in detail"*

What is feed back?

Feedback is a way of helping another person to consider changing her or his behavior. It communicates to another person about how she or he affects others. Feedback help people learn how well their behavior matches their intentions.

- Feedback is descriptive rather than evaluative. Describing your observation lets other person use the feedback or not, as she or he sees fit. Try starting feedback statements with phrases such as "I saw that,….," "I observed that, ……" "I heard you say….."
- Feedback is specific rather than general. To be told you are "dominating" will not be as useful as to be told, "Just now when we were discussing the issue, you did not listen to what others said, and I felt if I did not accept your arguments, you would attack me."
- Feedback takes into account the needs of both the receiver and the giver. Feedback can be destructive when it serves only our own needs and fails to consider the needs of the person receiving it.
- Feedback is solicited rather than imposed.
- Feedback is well timed. In general, feedback is most useful at the earliest opportunity after the observed behavior.
- Feedback needs to be checked to ensure clear communication. One way of doing this is to have the receiver try to paraphrase the feedback she or he has received to see if it corresponds to what the giver had in mind.
- When feedback is given in a training group, both giver and receiver have the opportunity to check the accuracy of the feedback with others in the group. By this way, it is determined if this is one person's impression or an impression shared by others.

Table 3

Advantages, Disadvantages and Use of IEC Materials

TYPE OF IEC MATERIAL	ADVANTAGES	DISADVANTAGES	USE
Brochure Booklet	• Can be given to several people. • Cleint can read with own pace, as often as wished. • Cleint can share with family and friends. • Easy to produce.	• Unless the health care provider reviews the materials with client there is no chance for discussion. • Less effect on illiterate people. • Paper is not strong enough, can be easily lost, can sometimes be thrown without being read. • Can be expensive.	• Are for litterate people. • Words and illustrations are presented. • Are for detailed informatin/instructio ns. • Are for giving information to several people. • Are for people to remember things you have taught them.
Poster Photo	• Can be produced locally. • Can be used over and over again. • Easy to carry. • Makes it easier to point on things one can not point on real objects like sexual organs. • Appropriate for several topics.	• The intended message may not be understood; it may be necessary to explain. • Can become expensive as they are easily damaged. • Requires pretesting. • May not be possible to give many messages written.	• Are for reinforcing the message. • Are for big or small groups. • Are for hanging on easily seen places. • Are for introducing an opinion, event or service. • Can be used during counseling.
Flipchart Illustrated flip book	• Can be produced locally. • Can be arranged according to the needs of certain groups. • Is appropriate for taking the attention of listeners. • Can be used over and over again.	• Not appropriate for big groups. • Can be thorn when flipping if not made with good quality material. • If there are too many pages, listeners may not remember all.	• Are for step by step presentation. • Are for small groups.
Models	• Close to real objects, make things easier to understand. • Can be made bigger than original to be seen clearly. • One can practice on them. • All senses are used.	• Production requires skill and equipment. • Can be expensive. • Can not be used with big groups. • Can easily be damaged. • It is not as effective as showing things on a real object or person.	• Are for explaining, demonstrating (for example, preparation of oral rehydration solution, or how pill is used). • Appropriate for one to one sessions or small groups.

Module 6 Characteristics of Postabortion Women

Objectives

By the end of this module, you should be able to

- Define special populations.
- List characteristics of postabortion women.
- Define needs of postabortion women.

Time

30 minutes

STEPS OF THE MODULE	ESTIMATED TIME
Defining Special Populations	5 minutes
Special Needs	25 minutes

Characteristics of Postabortion Women

Module 7 Postabortion Family Planning Counseling

Objectives

By the end of this module, you should be able to:

- Define *empathy*
- List advantages and disadvantages of counseling before and after abortion.
- Tell timing of methods postabortion.
- Demonstrate postabortion counseling.

Time

1 hour 35 minutes - 3 hours 10 minutes

STEPS OF THE MODULE	ESTIMATED TIME
Empathy	10-15 minutes
Abortion and Family Planning Counseling	5-10 minutes
Adaptation of GATHER steps	30-60 minutes
Follow-up Counseling	5-10 minutes
Timing for Postabortion Family Planning Methods	20 minutes
Practice of Postabortion Family Planning Counseling	25-75 minutes

Empathy

What is Empathy?

_____

_____

_____

Abortion and Family Planning Counseling

Family Planning Counseling Before Abortion

Notes_____

_____

_____

Postabortion Family Planning Counseling

Notes_____

_____

_____

Adaptation of GATHER Steps

G Greet client

_____

_____

_____

_____

A Ask client about self, Assess client's knowledge and needs

_____

_____

_____

_____

T Tell client about family planning methods

_____

_____

_____

_____

H Help client choose a method

_____

_____

_____

_____

E Explain how to use a method

_____

_____

_____

_____

R Return visits

_____

_____

_____

_____

3 Points that Should be Emphasized During Counseling

Client should be told:

- that she can get pregnant again within 14 days following the abortion.
- that there are FP methods she can use to prevent pregnancy.
- that she can receive these methods from this site or the site you would refer her to.

Follow-up Counseling

- ***If the woman is using an FP method:***
- Ask if she is happy with the method.
- Ask if she has any complaints.
- Ask if she will continue using the method.
- Ask if she has any questions.
- Ask if she wants to switch methods.
- Answer her questions.
- Provide solutions for problems.
- Give encouragement for continuing to use the method.
- If she wants to switch methods, give counseling.

If the woman is not using a FP method

- Remind her that she is face to face with the risk of getting pregnant.
- Provide FP counseling.

Help her to make an informed choice.

Timing for Postabortion Family Planning Methods
Table 4
Contraceptive Method Use After Abortion: Presented in Order of Effectiveness

WOMAN'S CLINICAL SITUATION	CONTRACEPTIVE METHOD ISSUES
NO COMPLICATIONS	Do not delay starting method use. Most methods can be given immediately. Following uncomplicated abortion, there are no medical restrictions for: -**IUD** (copper or levonorgestrel) -**Pills**(combined or progestogen only) -**Injectables** (combined or progestogen-only) -**Norplant implants** -**Barrier methods** (diaphragm, cervical cap, spermicide, condoms) -**Female or male sterilization** Wait ontil a normal menstrual pattern returns before using natural family planning (rhythm, periodic abstinence).
INFECTION (confirmed or presumptive diagnosis) • Signs of unsafe or unclean induced abortion, or • Signs or symptoms of sepsis or infection, or • Unable to rule out infection	Delay female sterilization or IUD insertion until infection is either ruled out or fully resolved. Provide a short-term method and make a follow-up appointment or referral. **Consider any other method.**
TRAUMA to genital tract • Uterine perforation • Serious vaginal or cervical trauma • Chemical burns	Delay female sterilization until trauma is healed. If abdominal surgery must be done to repair trauma and if no additional risk is involved, sterilization ma be done concurrently. Delay IUD insertion until uterine perforation or other serious trauma has healed. Provide a short term method and make a follow-up appointment or referral. Injuries that affect the vagina or cervix may limit the use of female barriers and spermicides. **Consider any other method.**
HAEMORRHAGE AND SEVERE ANAEMIA Haemorrhage must be resolved before family planning can be considered.	Delay female sterilization because of the risk of further blood loss. Provide a short term method and make a follow-up appointment or referral. There may be a higher expulsion rate for IUDs inserted immediately after second trimester abortion. **Consider any other methods.**
SECOND-TRIMESTER ABORTION If there is an excessive clotting disorder, as may be seen with missed treatment may be needed prior to surgery.	Delay fitting or use of diaphragms or cervical caps for 6 weeks. It may be more difficult to locate the fallopian tubes if female sterilization procedures are done before the uterus returns to pregnancy position. There may be a higher expulsion rate for IUDs inserted immediately after second trimester abortion. **Consider any other methods.**

ROLE PLAYS FOR POSTABORTION FAMILY PLANNING COUNSELING PRACTISE

1. Aliye and Hasan Karadeveci comes to the clinic for unwanted pregnancy. After examination doctor is giving them an appointment for abortion. Doctor asks if they were using a family planning method when she got pregnant. When he learns that they were not using a method, he tells them that he will give them family planning counseling. Aliye who is 34 years old has a daughter and a son, and she does not want to have any more children.

2. Mesude Savaci comes to the clinic at 9.00 hours for her appointment. She has been nervous since she came to the clinic with her husband last week to get an appointment for abortion. She is 28 years old and has 3 healthy kids all born with C section. This is her first unwanted pregnancy. She says his husband uses withdrawal and she does not understand how she got pregnant.

3. Zeynep and Iskender Kuloglu comes to the clinic for unwanted pregnancy. Zeynep says she had to have 3 abortions. They have been married for 3 years and do not want to have children for some more time. She asks the nurse, "I don't want to have another abortion. What should we do?".

4. Hatice Gülçelik is given appointment for FP counseling and abortion last week when she came to the clinic with her boy friend. Last week she decided to use 3 monthly injectables, but she is worried as she heard bad things about injectables from her friends. Hatice is 25 years old and says that they are not thinking of getting married yet because of financial status.

5. Ebru Satir comes to the clinic with her husband because of late period and learned that she is 5 weeks pregnant. She gets really angry and accuses the doctor: "I had an abortion last month. I was going to have IUD inserted, but they said I have infection and should come back after my period. And now I am pregnant again".

6. Ayse Akilli just had an abortion. While she is in the recovery room, the nurse comes and asks if she wants to have more children. Ayse who is 23 years old says, they are planning to have another child after 2-3 years. She doesn't understand how she got pregnant while using the pill. Also as she had an urinary infection, she had less sexual relationship last month.

7. Emine Ates who is 36 years old just had induced abortion. As she was about to leave the clinic, she heard from the nurse that she can get pregnant again if she does not use birth control. She has two grown up daughters and she does not want to have another child. Her husband Halit is waiting outside for her.

8. Gülay Dizdar comes to the clinic with high fewer and bleeding, saying she is miscarrying. The doctor examines her tells that she has infection in her uterus. Gülay tells the doctor, she is not married and used a wire to loose the baby because she was afraid her family will find out. Hearing this, the doctor refers her to the gynaecology ward and tells her to come back to the FP clinic for counseling after she is treated. Gülay is back in the FP clinic now.

9. Elif had 2 abortions before. This time on her third one, she had a lot of pain and the procedure lasted longer. Doctor tells her that there is infection in her uterus and prescribes her medication which she should use for 10 days and come back to the clinic for control. Doctor also tells her to see the nurse for family planning counseling before she leaves the clinic.

10. Esra Yetisli who had a baby 4 months ago, is still nursing. She was thinking breastfeeding would protect her from getting pregnant but she found out that she is pregnant again and had an abortion today. The nurse approaches her, telling that she wants to talk about family planning with her.

Module 8 Involving Men in Postabortion Family Planning Counseling

Objectives

By the end of this module, you should be able to:

- Explain the rationale for involving men in postabortion family planning counseling in Turkey.
- Describe how staff values and attitudes can affect counseling of male clients.
- Describe the benefits and challenges of providing individual counseling, couples counseling, or group education to men.
- Dispel men's common myths and misconceptions around male sexual functioning and contraception.
- List the characteristics of an effective counselor of men.
- Demonstrate postabortion counseling with men.

Time

2 hours, 15 minutes to 3 hours

STEPS OF THE MODULE	ESTIMATED TIME
Rationale for Involving Men in PAC FP counseling	15 minutes
Values Clarification	25-35 minutes
Forms of Counseling Men	30-40 minutes
Sexual Function and Contraception Myths/Facts	25-35 minutes
Effective Counselors of Men	15-25 minutes
Role Playing Counseling with Men	25-40 minutes

Values and Attitudes about Men's Participation Exercise

1. Men have all the power when it comes to making decisions about sexual matters.
   [ ] AGREE [ ] UNSURE [ ] DISAGREE

2. Most men believe that family planning is a woman's responsibility.
   [ ] AGREE [ ] UNSURE [ ] DISAGREE

3. Men are not interested in participating in family planning counseling.
   [ ] AGREE [ ] UNSURE [ ] DISAGREE

4. Men will not cooperate with a family planning method if it interferes with their sexual enjoyment.
   [ ] AGREE [ ] UNSURE [ ] DISAGREE

5. Since it is the woman who becomes pregnant, women should not trust men with family planning methods that require men's participation.
   [ ] AGREE [ ] UNSURE [ ] DISAGREE

6. Withdrawal is a reliable form of contraception.
   [ ] AGREE [ ] UNSURE [ ] DISAGREE

7. Men should not be included in counseling sessions with their wives because they often dominate the decision-making process for family planning.
   [ ] AGREE [ ] UNSURE [ ] DISAGREE

Forms of Counseling Men

Form	**Description**	**Benefit**	**Challenge**
Individual for women	One-on-one counseling with a female client		
Individual for men	One-on-one counseling with a male client		
Couples	A couple counseled together		
Group education for men	A group of men educated together		

Forms of Counseling Men

Form	Description	Benefit	Challenge
Individual for women	One-on-one counseling with a female client	May be appropriate in situations where the man clearly plays a dominant role in the decision-making and the woman does not feel comfortable asserting her wishes in his presence.	If man is not included individually or alone, there is a missed opportunity to provide information to the male partner about providing support in use of methods or learning about male methods.
Individual for men	One-on-one counseling with a male client	May increase's men's comfort around confidentiality and reduce embarrassment around asking questions about sexuality.	Men might not be comfortable to ask questions about family planning or sex in a one-to-one setting – may want to appear like they already know it all.
Couples	A couple counseled together	Allows both partners on the spot feedback to their questions in a session that is tailored to the couple's specific needs.	If a man plays a dominant role in the decision-making, the woman may not feel comfortable asserting her wishes in his presence.
Group education for men	A group of men educated together	Allows men to ask questions about family planning that they may not feel comfortable asking in a mixed group and provides validation that other men might share similar concerns and fears around sexuality and reproductive health.	Must have the space, time, and staff to carry out a group education of men. Men must feel comfortable enough to share information and ask questions in a group of peers who may be strangers.

Myth/Facts about Sexual Functioning and Contraceptive Methods

Myth or Fact?

1. As long as a man pulls out before ejaculating inside a woman, he does not have to worry about spreading sexually transmitted infections.

2. Men are usually capable of holding back their ejaculations for as long as they want to.

3. If a man gets an erection, it's physically harmful to him if he is not able to ejaculate.

4. A man can impregnate a woman while she is menstruating.

5. There is only one day during a woman's menstrual cycle that she can become pregnant.

6. A man can impregnate a woman without having an ejaculation inside of her.

7. A vasectomy will have no effect on a man's ability to maintain an erection, ejaculate, or enjoy sexual activity.

8. A man who has a vasectomy may still need to use condoms to protect against sexually transmitted infections.

9. There are some condoms which can be washed and reused for future acts of intercourse.

10. Some men may define their "manhood" as being able to father a child.

Myth/Facts about Sexual Functioning and Contraceptive Methods

1. As long as a man pulls out before ejaculating inside a woman, he does not have to worry about spreading sexually transmitted infections.

   Myth : Both men and women can pass on sexually transmitted infections when using withdrawal as a method of family planning. Sexually transmitted infections can be passed on from pre-ejaculatory fluid or vaginal fluids before, during, or after ejaculation, or even if there is no ejaculation of semen. There are sexually transmitted infections like herpes or genital warts that can be spread from sexual contact regardless of the type of family planning used. A condom used consistently and correctly is the best way to reduce the risk of spreading sexually transmitted infections.

2. Men are usually capable of holding back their ejaculations for as long as they want to.

   Myth : While some men can learn how to control their ejaculations, there does come a point during the male sexual response cycle when a man may reach ejaculatory inevitability where he will not be able to hold back or prevent ejaculation. Sometimes the sexual position, "the heat of the moment", or use of alcohol or drugs, may prevent a man from pulling out in time, thus reducing the efficacy of withdrawal as a method of family planning.

3. If a man gets an erection, it's physically harmful to him if he is not able to ejaculate.

   Myth : While some men may feel a temporary soreness in their testicles from the buildup of blood (sometimes referred to as "blue balls"), even without ejaculation, the blood will flow away from the genitals and the soreness will go away with any harm or subsequent discomfort for a man.

4. A man can impregnate a woman while she is menstruating.

   Fact : Although a woman is most likely to get pregnant in the middle of her menstrual cycle when she is ovulating, it is possible for a woman to ovulate and become pregnant even during her menstruation. Sometimes stress, travel, diet, exercise, or medication can affect a woman's menstrual cycle, sometimes even allowing for an egg to be released during menstruation.

5. There is only one day during a woman's menstrual cycle that she can become pregnant.

   Myth : When a woman ovulates, her egg is viable (ready to be fertilized) for up to 48 hours. When a man ejaculates, his sperm may be viable (able to fertilize) for as many as 72 hours. This means there may be as many as 6 days in a woman's cycle that she can become pregnant. It is possible to have intercourse

on Sunday and for a woman to ovulate on Wednesday and become pregnant from sperm still viable from Sunday's ejaculation.

6. A man can impregnate a woman without having an ejaculation inside of her.

   Fact : Although it is not as likely as when a man ejaculates inside, semen ejaculated on or near the vagina may seep inside the vaginal opening and could potentially fertilize an egg and create a pregnancy. In addition, when a man becomes sexually aroused, pre-ejaculatory fluid may be found at the tip of the penis. It is possible that if a man engages in a second act of vaginal intercourse after ejaculating, the pre-ejaculatory fluid could be transmitted into the vagina and could potentially fertilize an egg, even if the man does not ejaculate for a second time.

7. A vasectomy will have no effect on a man's ability to maintain an erection, ejaculate, or enjoy sexual activity.

   Fact : A vasectomy should not have any effect on a man's ability to maintain an erection, ejaculate, or enjoy sexual activity. If a man does experience a problem in any of these areas, it may have to do with some kind of psychological issue and not the vasectomy itself.

8. A man who has a vasectomy may still need to use condoms to protect against sexually transmitted infections.

   Fact : A vasectomy results in the absence of sperm in semen, but does not offer any kind of protection from sexually transmitted infections. After a vasectomy, a man still ejaculates semen and can still pass on sexually transmitted infections. And some sexually transmitted infections can be passed on simply through sexual contact with or without vaginal intercourse or ejaculation. Only a condom used consistently and correctly can help reduce the risk of sexually transmitted infections. Moreover, a vasectomy does not necessarily mean a partner or couple are maintaining a monogamous relationship, therefore condoms should always be discussed during counseling for vasectomy.

9. There are some condoms which can be washed and reused for future acts of intercourse.

   Myth : A condom should only be used once and then discarded. There are no "reusable" condoms.

10. Some men may define their "manhood" as being able to father a child.

    Fact : There are some men who link their masculinity or manhood to being able to father a child. These men may experience emotional distress from a vasectomy and may not be good candidates for the procedure.

Characteristics of an Effective Counselor of Men

- May be a man or a woman
- Is knowledgeable about
  - male reproductive health
  - male family planning methods
  - communicating with men
- Tailors counseling to men's informational, psychological and communication needs
- Is not embarrassed to discuss sexuality
- Is sensitive to and takes seriously men's concerns
- Has a positive attitude toward male involvement in family planning
- Discusses male family planning methods with female clients

Tips for Communicating with Men

- Men are in general more concerned about sexual functioning
- Men know less about reproduction and anatomy than women

Men need to be decision makers

- Congratulate men for accompanying their partner and making the decision to be involved in their own and partner's reproductive health
- Suggest actions, don't give orders, i.e. "You may want to try…"

Men are reluctant to appear ignorant
Provide information in a non-condescending way, i.e., "You probably already know that…"

Men are more comfortable with concreteness, rationality, practicality

- Keep general tone concrete
- Focus on steps to be taken

Men are in general more reluctant to discuss emotions, feelings, fears and doubts

- Ask questions indirectly, i.e., "Some men are concerned about…"

ROLE PLAYS for POSTABORTION FAMILY PLANNING PRACTICE – INVOLVING MEN

Mesude and Halit Savaci

Mesude Savaci comes to the clinic at 9:00 hours with her husband Halit for her appointment. She has been nervous since she came to the clinic with her husband last week to get an appointment for abortion. She is 28 years old and has 3 healthy kids all born with C section. This is her first unwanted pregnancy. She says her husband uses withdrawal and neither one of them understands how she got pregnant. The husband is very suspicious of this pregnancy because they have always used withdrawal and his wife has not gotten pregnant this way in the past. Mesude has always been faithful to her husband and has tried to convince him to use more reliable methods, but he always seems to get angry when she brings the issue up.

Group 1 : Counseling Mesude by herself while her husband Halit sits in the waiting room.

One participant plays the role of counselor, one as Mesude, the other an observer.

Group 2 : Counseling Halit by himself while Mesude receives separate counseling.

One participant plays the role of the counselor, one as Halit, the other an observer.

Group 3 : Couples counseling, both Mesude and Halit

One participant plays the role of counselor, one as Mesude, and one as Halit

Group 4: Group education for men, including Halit

One participant plays the role of group educator, one as Halit, the rest as other men also learning about withdrawal.

Module 9 Infection Prevention

Objectives

By the end of this module, you should be able to:

- Describe how hands are washed hygienically.
- Tell which type of gloves should be used for different kinds of procedures.
- Explain why decontamination is performed.
- Tell how waste should be disposed.

Time

55 minutes

STEPS OF THE MODULE	ESTIMATED TIME
Definitions	10 minutes
Infection Prevention Steps	45 minutes

Definitions

Asepsis: A general term used in health care settings to describe the combination of efforts made to prevent entry of microorganisms into any area of the body where they are likely to cause infection. The goal of asepsis is to reduce or eliminate the number of microorganisms on both animate (skin, tissue) and inanimate (surgical instruments) objects to a safe

Antisepsis: is the prevention of infection by killing or inhibiting the growth of microorganisms on skin and other body tissues.

Decontamination: is the process that makes instruments safer to be handled by staff, especially cleaning personnel, before cleaning. Such objects include large surfaces (e.g., pelvic examination or operating tables) and surgical instruments and gloves contaminated with blood or body fluids during or following surgical procedures.

Cleaning: is the process that physically removes all visible blood, body fluids or any other foreign material such as dust or soil from skin or inanimate objects.

Disinfection: is the process that eliminated most, but not all, disease causing microorganisms from inanimate objects. **High-level disinfection** (HLD) through boiling or the use of chemicals, eliminates all microorganisms except some bacterial endospores.

High-level Disinfection (HLD): **eliminates all bacteria, viruses and fungi except spores.**

Sterilization: is the process that eliminates **all** microorganisms(bacteria, viruses, fungi and parasites), including bacterial endospores from inanimate objects.

Infection Prevention Steps

1. Hand washing

_____

_____

_____

_____

2. Use of Gloves

_____

_____

_____

_____

3. Use of Antiseptics and Disinfectants

_____

_____

_____

_____

4. Processing Used Instruments (Decontamination/ High-level Disinfection / Sterilization)

_____

_____

_____

_____

5. Waste Disposal

_____

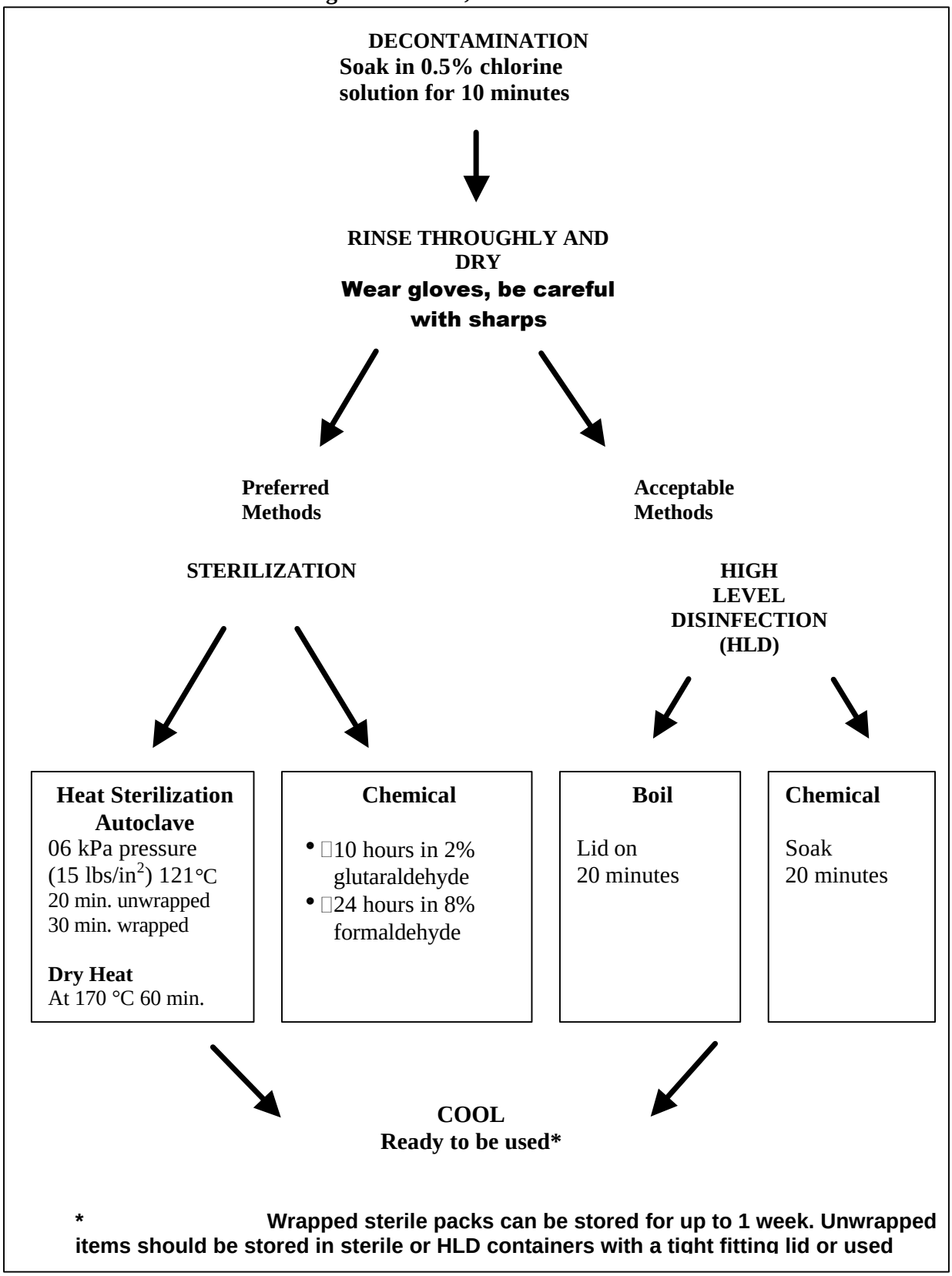
_____

_____

_____

Figure 3

Processing Instruments, Gloves and Other Items



Module 10 Action Plan

Objectives

By the end of this module, you should be able to:

- Identify problems preventing them from providing quality family planning services.
- Suggest solutions for problems.
- Make an action plan based on problems and solutions identified.

Time

2 hours 35 minutes – 4 hours

STEPS OF THE MODULE	ESTIMATED TIME
Action Plan	20-30 minutes
Preparation of Action Plan	90-120 minutes
Presentation of Action Plan	45-90 minutes

Action Plan

The objective of preparing an action plan is to find solutions for obstacles in front of service providers for providing quality services.

Table 5

Action Plan Chart

BLEM	SOLUTION	PERSON	

Sample

Table 6

Sample Action Plan

BLEM	SOLUTION	PERSON	
1. Some abortion clients leave the hospital without a method.	**1.1 Nurse Ayse will refer the clients to the counselor after registration.**	Nurse Ayse	Tomorrow 16.5.1998
	1.2 After the abortion procedure, during discharge client will be asked if she received counseling. If not, counseling will be given and if appropriate a method will be provided.	Dr. Nevin	Tomorrow 16.5.1998
tabortion brochures for abortion clients.	**2.1 Talk with the head doctor for obtaining brochures, write a memo if necessary.**		21.5.1998
	vci from MCHFP Department of the Health Directorate.		

Self Assessment Guide for Group Study

CLIENT RIGHTS

1. RIGHT FOR INFORMATION

1. Are there any signs showing where family planning services are provided?
2. Are fees for family planning services posted?
3. Do all abortion clients receive family planning counseling before the procedure?
4. Are other reproductive health services (like smear test, breast exam) and how to access them mentioned during counseling?
5. Are there any posters on reproductive health issues (like postabortion family planning) which can inform clients while they are waiting on a line or resting, etc?
6. Are brochures on each family planning method available which clients can take home?

2. RIGHT FOR ACCESS TO SERVICE

1. Are family planning services available in the clinic where the abortions performed, or are the clients referred to appropriate places?
   Pill - Is it prescribed or given?
   Condom – Are clients directed to pharmacies?
   IUD – Is it available?
   Injectable – Is it prescribed or given at the clinic?
   Tubal ligation – Is it performed at site or are clients referred?
   Vasectomy – Is it performed at site or are the clients referred?
2. Are all reproductive health services that the abortion clients may need (like family planning, smear test, breast exam, STD screening, etc) available at the clinic?

3. RIGHT FOR GOOD COMMUNICATION

1. Are clients treated as you would have liked to be treated? Do all staff (including doctors, midwives, nurses, doorkeepers, receptionists, medical staff, accounting staff, pharmacy staff and others) treat clients friendly, kindly?
2. Do staff use the language clients would understand?
3. Do staff encourage clients to ask questions?
4. Do staff ask clients if they understood the information given and have them repeat the important information to make sure they have understood?

4. RIGHT FOR COUNSELING AND MAKING A DECISION

1. Is enough amount of time allocated for family planning?
2. When counseling abortion clients, is it emphasized that client can get pregnant immediately after abortion and that fertility returns immediately?
3. Are clients informed about warning signs of complications?

4. Are clients told to come to the clinic in case of these signs without waiting the follow-up date?
5. Is counseling on all family planning methods (temporary, long-acting, permanent methods) given to clients appropriate to their reproductive aim, life style, sexual life, breast feeding and reproductive health status (postabortion, postpartum, pre menopause)?
6. Are clients informed on effectivity of methods?
7. Do staff inform clients if methods protect against HIV and other STDs?
8. Do staff inform clients on contraindications or side effects of the service, treatment or family planning method client selected?
9. Do the counselor remind client that she/he can come back to the clinic in case of a problem?
10. Is special care given to clients with special needs (like women with repeat abortions, women who are at risk if pregnant, women who should not give birth or have abortion, adolescents, young adults, women with more that one partner, women who did not space between pregnancies)?

5. RIGHT FOR PRIVACY AND CONFIDENTIALITY

1. Is there audial and visual private space for counseling at your clinic?
2. Do women's privacy respected during physical examination?
3. Do staff respect clients' privacy and confidentiality by not talking about them with colleagues (except for clinical advice) and by not giving information to their relatives when clients do not want to.

6. RIGHT FOR RESPECT AND COMFORT

1. Do staff take into consideration clients' pride and comfort during physical examination and other procedures?
2. Do staff respect clients' opinions even if they are against their own?
3. Is there enough number of staff when the clinic is most crowded?
4. Do you think that the waiting time is acceptable? Is everything that can be done, done to make the waiting time shorter?
5. Below is a list of the places clients may use in the clinic. Are these areas, appropriate, sufficient, well organized, clean, good ventilated and have adequate lighting?
   - Toilets
   - Reception
   - Counseling areas
   - Waiting areas
   - Examination rooms
   - Pharmacies
   - Clinical rooms for procedures
   - Gynecology department

- Delivery department
- Delivery room
- Recovery rooms

7. RIGHT FOR SAFE SERVICES

1. Do staff have guidelines, charts, posters or handbooks on infection prevention?
2. Do staff understand and perform things needed to be done to protect themselves and others?
3. Do staff wash hands before and between all procedures and after touching waste materials?
4. Do staff always wear gloves for pelvic exam and procedures?
5. Do staff use clean different pair of gloves for each patient?
6. Are there containers filled with 0.5% chlorine solution in each exam and procedure room for decontamination of instruments, gloves and medical waste?
7. Is medical waste collected in different bags; Does the municipality collect medical waste separating them from home waste?
8. Are disposable needles and syringes used?
9. Are sterile and HLD gloves available every time necessary?
10. Are needles and other sharp materials collected in puncture proof containers?
11. Do staff know how to prepare 0.5% chlorine solution with 5% bleach?
12. Are reusable equipment and materials decontaminated in 0.5% chlorine solution before processing?
13. Are equipment and materials washed with water with detergent and rinsed thoroughly after decontamination?
14. Do staff wear thick utility gloves to clean soiled instruments and when dealing with contaminated waste?
15. Are solid surfaces (examination and operation tables) cleaned with 0.5% chlorine solution after each procedure.
16. Are reusable materials sterilized or high level disinfected before reuse?
17. Do staff understand and perform high level disinfection methods (Cidex, Chlorine, boiling for 20 minutes)?
18. Are there equipments for sterilization of reusable materials, are they working?
19. Are there chemical materials necessary for sterilization and high level disinfection, are these chemical materials correctly used?

8. RIGHT FOR CONTINUOUS SERVICES

1. Is there a program for routine follow-up of all procedures?
2. Are records kept for the family planning services provided to abortion clients?
3. Are family planning methods (oral contraceptives, tubal ligation, IUD, condom) available/prescribed and provided every day at the clinic?
4. Are all postabortion clients told to come back for follow-up?
5. Are family planning counseling and services always provided to women during follow-up visits?